

City and County
of San Francisco



Office of the Chief
Medical Examiner

FORENSIC LABORATORY DIVISION

TOXICOLOGY REPORT

Subject's Name: Spiker, William Hall **Date/Time of Specimen Collection:** 10/26/2006 0335 hrs
Case Number: M-6534 **Date/Time of Specimen Receipt:** 10/26/2006 0735 hrs
Agency: U.S. Park Police **Submitting Agency No.:**
Specimens Received: Blood (3) Urine (0) Other (0)

ANALYTICAL RESULTS:

Compounds	Specimens	
	Blood (% w/v)	Urine (% w/v)
Ethanol	0.11	NT
Volatiles	ND	NT

COMMON ABBREVIATIONS:

ND: None Detected

NT: Not Tested

ISV: Insufficient Specimen Volume

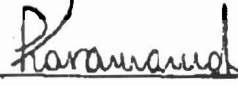
NONT: No Date No Time Marked on Specimen Vial

COMMENTS:

None

I certify, under penalty of perjury, under the laws of the State of California, that the attached blood/tissue analysis was performed during the regular course of duties and is a true and correct copy thereof. I further certify that I am a ☒ Forensic Alcohol Supervisor ☐ Forensic Alcohol Analyst ☐ Forensic Alcohol Analyst Trainee qualified to perform analyses pursuant to Title 17 of the California Code of Regulations, and that the equipment used in arriving at the results was in proper working order at the time this analysis was performed.

Printed Name: PAVLOS KARAMANIDIS

Signature: 

Date Report Signed: Thursday, October 26, 2006

Results Reported to: _____

By: _____ On (Date & Time): _____



NIKOLAS P. LEMOS, PhD, FRSC
Forensic Laboratory Director/Chief Forensic Toxicologist
Forensic Alcohol Supervisor